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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026710 (8)

DAMAR CONSULTING INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



|  |  |  |                      |                    |   |   |                           |  |                        |                       |                            | # <b>11</b> 11 # 111 |  |
|--|--|--|----------------------|--------------------|---|---|---------------------------|--|------------------------|-----------------------|----------------------------|----------------------|--|
| Principal Plac   | e of Busines   | SS   | Mailing A            | ddress             |   |   |                           | 1914901 E10 (ÖTI) (Ö1  | IST MUDDIN MUDIN MUTAL | 1 <b>88</b> 118 11818 | Manya and mai tabl         | il main eade         |  |
| 15066 SW 155TH TERRACE 15066 SW 155TH TERRACE  |  |  |                      |                    |   |   |                           |  |                        |                       |                            |                      |  |
| MIAMI FL 331   | 87   |  | MIAMI FL             | MIAMI FL 33187     |   |   |                           | DO NOT WRITE IN THIS SPACE                                       |                        |                       |                            |                      |  |
|  |  |  |                      |                    |   |   | 3. Date                   | Incorporated   | or Qualified           |                       |                            |                      |  |
|  |  |  |                      |                    |   |   |                           | 25/1997  |                        |                       |                            |                      |  |
| 2. Principal P   | lace of Busi   | ness   | 2a. Mailing          | g Address          |   |   | 4. FE                     | <u> </u>   |                        |                       | Ap                         | oplied For           |  |
| 21   |  |  | 26                   |                    |   |   |                           | 5-015  | 1935                   |                       |                            | t Applicable         |  |
| Suite, Apt. #, etc.  |  |  | Suite,               |                    |   |   |                           | 5. Certificate of Status Desired S8.75 Additional Fee Required   |                        |                       |                            |                      |  |
| City & State   |  |  | City &               | City & State       |   |   |                           | tiori Campaign   |                        | _                     | \$5.00                     | May Be               |  |
| 23   |  | <b>-</b>   | 28                   |                    |   |   | Trus                      | t Fund Contribu  | ution                  | <u>Ц</u>              | Added t                    | o Fees               |  |
| <sup>Zip</sup>   |  | Country  | Zip                  | Zip Country        |   |   | I                         | 8. This corporation owes or has paid the current year Intangible |                        |                       |                            |                      |  |
| 24   |  | 25 29 30 9. Name and Address of Current Registered Agent |                      |                    | 30  |   |                           | onal Property  |                        |                       |                            | No                   |  |
|  |  | and Address of Curr                                      | ent Hegistered A     | igent              | 81  | Name  | 10, Nan                   | ne and Addres  | E OT NOW HO            | jistered A            | gent                       |                      |  |
|  | le, david  |  |                      |                    | 0'  | 1481116   |                           |  |                        |                       |                            |                      |  |
|  |  | 5TH TERRACE  |                      |                    |   |   | Address (P.O. B           | ddress (P.O. Box Number is Not Acceptable)                       |                        |                       |                            |                      |  |
| MEAMI FL 33187   |  |  |                      |                    |   | <u> </u>  |                           |  |                        |                       |                            |                      |  |
|  |  |  |                      |                    | 63  | <u> </u>  |                           |  |                        |                       | T - T                      |                      |  |
|  |  |  |                      |                    | 84  | City  |                           |  |                        | FL                    | 85 Zip (                   | Code                 |  |
| 11. Pursuant   | to the provis  | sions of Sections 607 0                                  | 502 and 607.1508     | B. Florida Statute | s, the abov   | e-named   | corporation sub           | mits this stater   | ment for the p         | urpose of             | changing it                | s registered         |  |
| agent. I a   | am familiar w  | gent, or both, in the Sta<br>vith, and accept the obl    | igations of, Section | on 607.0505, Flor  | rida Statute  | S.  | poration's board          | OI DIIBOIOIS. I  | nerecy accep           | t the appo            | munen as                   | registered           |  |
| SIGNATURE  |  |  |                      |                    |   |   |                           |  |                        |                       |                            |                      |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: I  OFFICERS AND DIRECTORS  |  |  |                      |                    | 13.   | enr signature   | required when reinsta     | TIONS/CHANG  | ES TO OFFIC            | DATE<br>FRS AND       | DIRECTOR                   | S IN 12              |  |
| TITLE  | 1  | OFFICEROR  | TAD DANE.OTOTIS      | DELETE             | 1.1 TITLE   |   | T <b>P</b>                | 110/10/01/04/0   | 20 10 01110            |                       | Change                     | Addition             |  |
|  | - T  |  |                      |                    |   |   |                           |  |                        |                       |                            |                      |  |
| NAME   |  | (1) N. V.  |                      |                    | 1.2 NAME  |   | DAVIN                     | LISLE  |                        |                       |                            |                      |  |
| NAME<br>STREET ADDRESS   |  | TO ALL STATE   | Transfer des         | -                  | 1.2 NAME<br>1.3 STREE   | T ADORESS   |                           | L15185<br>SW 155   | TERRA                  | tce                   |                            |                      |  |
| STREET ADDRESS   |  | THAT I   | 76                   | <b>=</b> -         | 1.3 STREE   | I ADORESS<br>ST-71P   | DAVID<br>15066 5<br>MIAMI | LISUE<br>SW 155<br>FL  | TERRA                  | tce                   |                            |                      |  |
|  |  | TI, PL   | To the second        |                    |   |   |                           | LISLE<br>SW 1SS<br>, FL  | TERRA<br>33187         | tce                   | ☐ Change                   | Addition             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                      | <br>□ D€LETE       | 1.3 STREE<br>1.4 CITY - 1   |   |                           | LISLES<br>SW 185<br>FL   | TERRA<br>33187         | tce<br>1              | Change                     | Addition             |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   | WITH A   |  |                      | DELETE             | 1.3 STREE<br>1.4 CITY-<br>2.1 TITLE   | ST-ZIP  |                           | LISLE<br>SW 185<br>. , FL  | TEXER<br>33187         | tce<br>1              | ☐ Change                   | Addition             |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | WALKER OF THE PARTY OF THE PART |  | 27                   | DELETE             | 1.3 STREE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME   | ST-ZIP T ADDRESS  |                           | LISLE<br>SW 155<br>, FL  | TEXER/<br>33187        | tce<br>1              | Change                     | Addition             |  |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS   | WILLIAM  |  |                      | DELETE             | 1.3 STREE<br>1.4 CITY-3<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE   | ST-ZIP T ADDRESS  |                           | LISLE<br>SW 155<br>FC  | TEXER/<br>33187        | 7                     | ☐ Change                   | Addition             |  |
| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP   | WALL TO SERVICE AND ADDRESS OF THE PARTY OF  |  |                      |                    | 1.3 STREE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-   | ST-ZIP T ADDRESS  |                           | LISLE<br>SW 1ST<br>FC  | TERRA<br>33187         | 7                     |                            |                      |  |
| STREET ADDRESS CITY-SI-ZIP TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE   | W. A.  |  |                      |                    | 1.3 STREE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-<br>3.1 TITLE  | ST-ZIP  T ADDRESS  ST-ZIP   |                           | LISLE<br>SW 1ST<br>, FL  | TERRA<br>33187         | 7                     |                            |                      |  |
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| STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS   | Wat And  |  |                      |                    | 1.3 STREE<br>1.4 CITY-:<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE  | ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS   |                           | LISLE<br>SW 1ST<br>FL  | TERRA<br>3318          | <b>7</b>              |                            |                      |  |
| STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP   | Wat And  |  |                      | DELETE             | 1.3 STREE<br>1.4 CITY-1<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4. CITY-  | ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  |                           | LISLE<br>SW 1ST<br>FC  | TERRA<br>3318          | <b>7</b>              | Change                     | Addition             |  |
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| STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | WAT AND  |  |                      | ☐ DELETE           | 1.3 STREE<br>1.4 CITY-1<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREE<br>3.4 CITY-<br>4.1 TITLE<br>4.2 NAME<br>4.9 STREE<br>4.4 CITY-1<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREE | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS |                           | LISLE<br>SW 1ST<br>FC  | TERRA 33187            |                       | ☐ Change ☐ Change          | Addition  Addition   |  |
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE:

305 2549041